

CITY OF LEWISTON, MAINE

INCIDENT REPORT

Name	
Address	
Home Telephone #	
Work Telephone #	
Location of Incident	
Date & Time of Incident	
Type of Property Damaged (ie: bodily, vehicle, building etc.)	
Describe Damage	
<u>If Vehicle damaged:</u> Vehicle ID #:	
Year, Make, Model	
Vehicle License Plate #	
Driver of vehicle (Name, Address & License #)	
Owner of vehicle (Name, Address & License #)	
Witnesses: (Names, Addresses & Telephone #’s)	
City Vehicle involved?	

* Please provide any bills, estimates, police reports and photos for submission to our insurance.

Signature: _____ Date: _____